

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET								SERIAL NO.	FILING DATE		
								APPLICANT(S)			
CLAIMS											
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1	/							51			
2	/							52			
3	/							53			
4	/							54			
5	/							55			
6	/							56			
7	/							57			
8	<u>  </u>							58			
9	<u>  </u>							59			
10	<u>  </u>							60			
11	<u>  </u>							61			
12	<u>  </u>							62			
13	<u>  </u>							63			
14	<u>  </u>							64			
15	<u>  </u>							65			
16	<u>  </u>							66			
17	<u>  </u>							67			
18	<u>  </u>							68			
19	<u>  </u>							69			
20	<u>  </u>							70			
21	<u>  </u>							71			
22	<u>  </u>							72			
23	<u>  </u>							73			
24	<u>  </u>							74			
25	<u>  </u>							75			
26	<u>  </u>							76			
27	<u>  </u>							77			
28	<u>  </u>							78			
29	<u>  </u>							79			
30	<u>  </u>							80			
31	<u>  </u>							81			
32	<u>  </u>							82			
33	<u>  </u>							83			
34	<u>  </u>							84			
35	<u>  </u>							85			
36	<u>  </u>							86			
37	<u>  </u>							87			
38	<u>  </u>							88			
39	<u>  </u>							89			
40	<u>  </u>							90			
41	<u>  </u>							91			
42	<u>  </u>							92			
43	<u>  </u>							93			
44	<u>  </u>							94			
45	<u>  </u>							95			
46	<u>  </u>							96			
47	<u>  </u>							97			
48	<u>  </u>							98			
49	<u>  </u>							99			
50	<u>  </u>							100			
TOTAL IND.	2							TOTAL IND.			
TOTAL DEP.	5							TOTAL DEP.			
TOTAL CLAIMS	7							TOTAL CLAIMS			